



Updates!

e-Newsletter by IATRIC
Systems, Inc.

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Hot Integration Topics of 2004

Ken Hoffman, VP of Interfaces & Integration at IATRIC Systems, is in constant communication with CIOs and Directors of IS departments across the US and Canada. Of course, integrating systems with the MEDITECH™ HCIS is a frequent topic of conversation between Ken and our customers, and Ken finds a number of common recurring themes across the board.

On September 2nd, join us from 1 - 2 pm Eastern as Ken discusses Hot Integration Topics of 2004 as the subject of one of our increasingly popular Webcast seminars. Some of the topics Ken will be covering during this session include:

- Integration of hospital data with clinic and physician office EMRs
- PACs integration components
- Physician portal products and CPOE/MPOE
- Integration of Emergency Department software and Meditech
- Access to digital clinical images through PCI/EMR
- Online vital sign documentation in critical care areas
- Identification of HIPAA security violations
- Integration of bedside medication administration systems with

Meditech

You can visit our website to learn more about the [Interfaces & Integration](#) division of Iatric Systems. You will also find a complete listing of all of our [upcoming Webcast sessions](#) at our website.

Webcasts are free and open to anyone using the Meditech HCIS. To register to attend the Hot Integration Topics of 2004 session, please send us an email at INFO@iatric.com. Please include in the e-mail: your name, your title, the facility you represent, and your phone number. We will promptly register you and e-mail instructions on how to join.

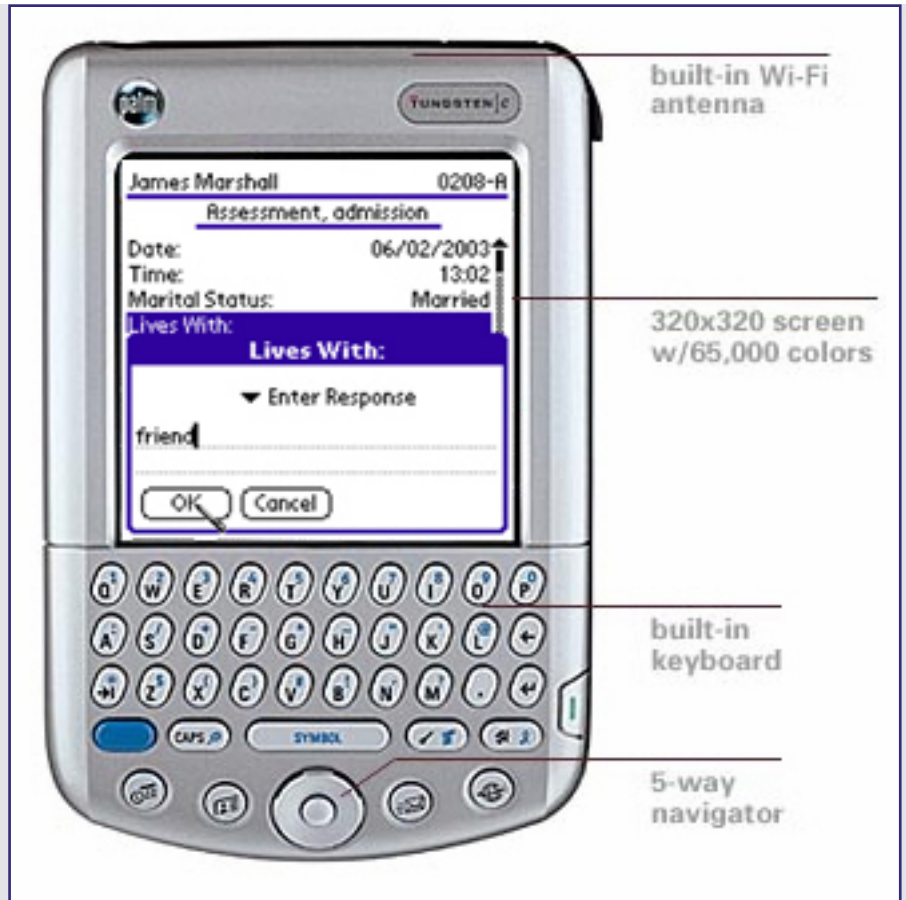
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A Practical Approach - PDAs, Tablets, or Mobile Carts?

It has been a while since we have run a "Practical Approach" segment in Updates! However, this subject triggers practical thoughts. Technology adoption can produce obvious benefits. Of course, technology without acceptance will simply pass away. If the pros do not outweigh the cons, it's also a losing proposition.

Cliff Vaux, a Senior Clinical IS Specialist at Maine Coast Medical Center, recently pointed-out [a study by Spyglass Consulting Group](#) that reveals "More Than 90 Percent Of Nurses Are Reluctant To Use TabletPCs For Bedside Nursing". After interviewing 100 nurses across the country, the general consensus is that TabletPCs are "too fragile, too heavy, and too large and [have] an inadequate battery life". Our nurses on staff at IATRIC Systems suggest that having your hands free is an absolute necessity, which can be a challenge with a tablet. And, if you temporarily place the tablet on the bed, like you might a clipboard, an accidental fall could be costly. This particular study by Spyglass, suggests that mobile carts are more desirable than tablets. However, the study does not compare one other option: Clinical bedside documentation using a PDA (Personal Digital Assistant; handheld).



Ideally, a portable electronic documentation tool would be small, light, and durable. Meditech Magic hospitals have been using [PalmCare](#) since the spring of 2001. PalmCare was designed to provide: 1) a direct replacement for DG handhelds, and 2) a practical solution for electronic bedside documentation. We are NOT suggesting that you discount tablets, or [mobile carts](#), but we encourage you to consider all options for achieving your goals. We are certain that after careful evaluation of overall project cost, user acceptance, patient perception, and ease of use, you will find PalmCare is a competitive, cost efficient solution.

Please let us know if we can provide you with more information on PalmCare. Or, more information can be found at our website: <http://www.iatric.com/software/magic/magic-palmcare.asp>

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At International MUSE this year, IATRIC Systems presented an electronic signature (or "e-signature") educational session. The presentation was well attended (despite its Friday afternoon timeslot!), so we thought it might be helpful to our readers to include in this month's issue some of the content of that session.

Capturing a signature by electronic means is acceptable from a legal and legislative standpoint. At the state and federal level, the Uniform Electronic Transaction Act (UETA) and the Electronic Records and Signatures In Commerce Act (E-Sign Act) provide guidelines for electronic signature in commerce. In healthcare specifically, we are all familiar with the finalized Health Information Portability & Accountability Act (HIPAA) Security Rule. You may not be aware, however, that the final rule did NOT include the "Proposed Rule: Security and Electronic Signature Standard." Due to lack of consensus, this rule is presently being monitored and remains in a proposed status. All of these rules have been careful to use language that is technology neutral, the intent being to establish guidelines for use and acceptance but not to dictate how electronic signature should be accomplished.

Many Meditech hospitals are currently using electronic signature capabilities already included with the system to allow clinicians to sign off on dictation/notes. This method of capturing an electronic signature is defined in e-signature literature as an application of a password and/or other form of authorization to an electronic document. E-signature works very well in situations where an internal infrastructure makes it possible to authenticate the signer and the signature.

In addition to allowing clinicians to sign off electronically on dictation/notes, many hospitals are interested in capturing electronic signatures from their patients. The idea is to have a patient provide a written signature and capture that signature with a document, storing it all electronically. You may have encountered "digitized signatures" in the retail world when you use a credit card. The technology that enables this type of e-signature is available but varies significantly. Before moving ahead with patient e-signature implementation, several factors should be considered:

1. Cost and ease of use of the selected technology
2. Security of the signature on the document
3. Ability to reproduce the stored, signed document
4. Integration with Meditech
5. Hardcopy requirements (does the patient need a copy?)
6. Advice concerning electronic signature from your organization's legal counsel

This is just a fraction of the information that was presented at our International MUSE E-Signature educational session in May. If you would like to receive the MS PowerPoint file and educational references given out during the session, please [send us an email](#).

Next month, we will be sending out an E-Signature survey via e-mail to a number of hospitals. We would appreciate your participation, and your input will benefit the Meditech

HCIS community. If you would like to participate in this survey, please [let us know](#). In any event, stay tuned... "Part II" of this article (in a future issue of Updates!) will include the results of that survey.

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4 Document Archiving Success at Harrison Memorial Hospital

[Harrison Memorial Hospital](#) is a not-for-profit, locally owned and operated healthcare facility offering a full range of services to the people in the community it serves. [ISSolutions](#) is a company which specializes in delivering top-notch data archiving/imaging solutions and outstanding customer service. Combine these two organizations together, add a bit of integration from IATRIC Systems, and the result is one successful document archiving implementation.

The Problem: Harrison Memorial was spending valuable time and resources printing and filing hardcopy clinical documents, such as nursing discharge summaries and other patient reports. The Hospital needed a cost-effective way to provide access to these documents while eliminating the need for costly printing and labor-intensive filing.



The Solution: ISSolutions' MedStore archiving component (just one of the pieces available in the MedStore Suite) enabled Harrison to eliminate printing and filing of patient clinical documents. Iatric Systems provided integration from ISSolutions' MedStore system to Harrison's Meditech system so that end-users could continue to access reports using the same Meditech screens they had always used in the past. The need for end-user training was virtually non-existent. All of this was accomplished for a fraction of what it would have cost to implement other available integrated archiving solutions.

Here is what Martha Sullivan, Director of IS at Harrison Memorial Hospital, had to say about the implementation: "Harrison Memorial Hospital couldn't be happier with ISSolutions' archiving solution. The implementation was the quickest ever encountered by our IS staff. ISSolutions' staff has kept in constant contact since the implementation and continues encouraging us to send more and more reports to the Archive system. Harrison will now move onto phase two of the project, which is Document Imaging, and we couldn't be more confident of the outcome because we know first hand the dedication and effort put forth by ISSolutions' staff to install a product that meets and exceeds their customer's needs."

To learn more about cost-effective scanning, document archiving and imaging solutions that are available to meet your hospital's needs, please contact us at INFO@iatric.com or

contact ISSolutions directly at sales@goissolutions.com.

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5 NPR Report Writing Tips

Using the "front end" in the GUI (magic):

Most advanced NPR Report Writers know how to attach the FEC or Z.fec program to a report footnote to effectively unmanage their device and use the programmer's front end.

Unfortunately, in the NUI/GUI (Workstation 4.xx) the front end screen is wacky.

The solution is to run the program \$GEMM.OFF(0) at the front end prompt. After that, you can get the nice blue background by entering the ' command (apostrophe plus <ENTER>). If you sign back in from the front-end you'll be GUIified again.

Fields you may have overlooked (MAGIC and C/S):

| | |
|-----------------------------|---|
| ADM.PAT.inpatient.location | Provides a lookup of Inpatient locations only. |
| ADM.PAT.outpatient.location | Provides a lookup of Outpatient locations only. |

You can use the above fields on an NUR report selection screen as well.

| | |
|--------------------------------|---|
| ADM.PAT.last.inpat.visit.date | Returns the last inpatient visit from the MPI |
| ADM.PAT.last.outpat.visit.date | Returns the last outpatient visit from the MPI |
| ADM.PAT.last.outpat.visit.type | Returns the last outpatient visit type from the MPI |

These fields can allow you to avoid needing a loop thru the MRI.PAT.visits segment to get the last inpatient or outpatient visit date. If you need to see information from the prior visit, or if you need to get the prior visit of a particular type (ER for example) you'll still need to use a loop or a fragment report.

Please note that our new website has information about our [on-site NPR Report Writer Training](#) and [NPR Report Writing Services](#). You will find additional NPR tips located at <http://www.iatric.com/information/npr-tips.asp>

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